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AUTHOR	Alexander, Tammis; Nystrom, Robert J.; Spitz, Lauren
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ABSTRACT

School based health centers (SBHC) are effective providers of health services and education because they are easy for students to access, they take an integrated and developmentally appropriate approach to meeting health needs, and they are prevention-oriented. This report describes the 1996-1997 services provided in 15 of 19 state-supported school-based health centers in Oregon. The report describes the staff of SBHCs, the services provided, the role of advisory boards and families, funding sources, and typical teen health problems. Preliminary data from the Oregon's Adolescent Hepatitis B Immunization Program are presented as providing a convincing case for preventive health care. The experience of one high school student with potential head injury is described, highlighting the role of the SBHC in obtaining the needed medical evaluation. Information is presented on student use of SBHCs, the types of risk factors exhibited, the most frequent diagnoses, and provider time and type. Site-level information for 20 SBHCs is provided, including information on the school, hours of operation, staffing and clinic hours per week, number of student visits, and number of students served. Profiles are included for 15 SBHCs, providing information on the services provided, the average age of clients, the average number of visits, and the average number of risks per client. A map details the location of the SBHCs. (KB)

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Oregon School-Based Health Centers

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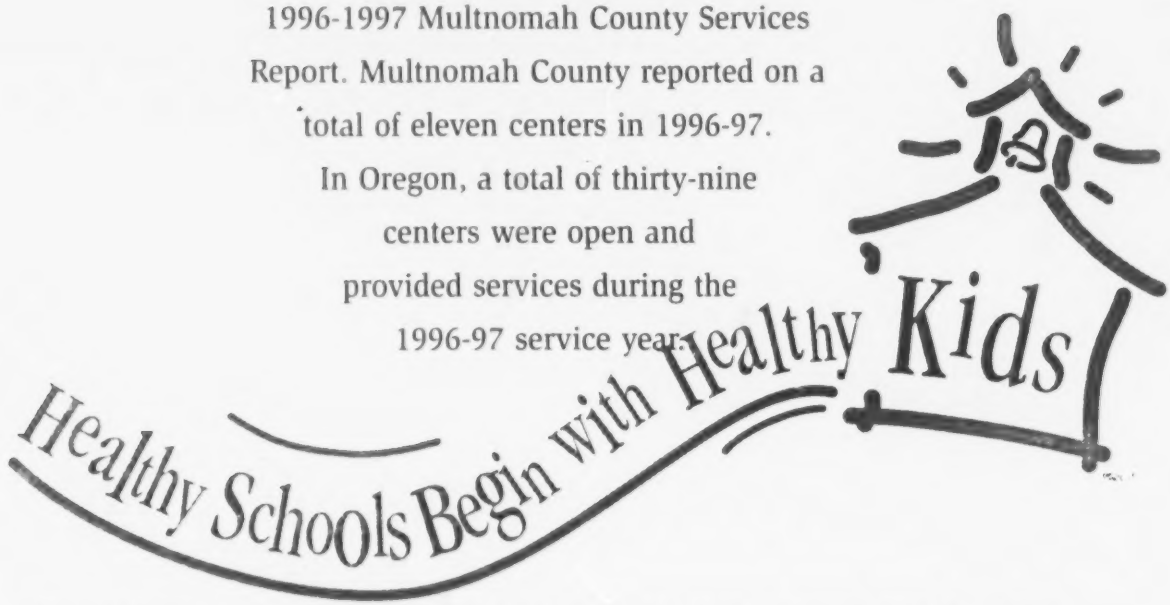
1996-1997 Services Report - Oregon Health Division

Oregon School-Based Health Centers

This document provides data on 15 of 19 state supported school-based health centers. Data on the four remaining centers are provided in the 1996-1997 Multnomah County Services Report. Multnomah County reported on a total of eleven centers in 1996-97. In Oregon, a total of thirty-nine centers were open and provided services during the 1996-97 service year.

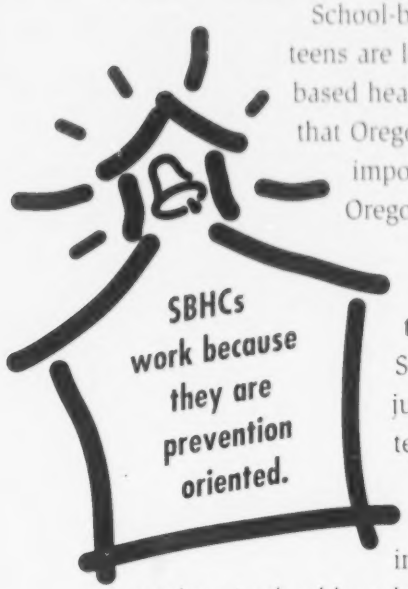


This report was prepared by the Oregon Department of Human Resources, Health Division, Center for Child and Family Health, State Technical Assistance Office for School-Based Health Center staff: Tammis Alexander, Adolescent Health Coordinator, Robert J. Nystrom, Oregon Making the Grade Program Coordinator, Lauren Spitz, Research Analyst, Kerry Davis, Office Specialist, and Serena Brewer, Research Intern, with the cooperation of the Oregon School-Based Health Center Network. May, 1998.

Introduction

We have the facts. **School age children are at risk for a wide variety of health problems** ranging from poor nutrition and lack of immunizations, to substance abuse, unplanned pregnancy, violence and suicide. One in five adolescents today has at least one serious health problem. By the age of fifteen, a quarter of all adolescents are engaged in behaviors like smoking, substance abuse and unprotected sex that put them at risk for serious disease.

The 1996 Oregon Public School Drug Use Survey reported nearly 30% of 8th graders and 43% of 11th graders said they had used alcohol in the past month. Tobacco use was on the increase for both grade groups. In 1996, 8,848 pregnancies were reported among Oregon teens 19 years of age and younger. Results of the 1997 Youth Risk Behavior Survey (YRBS) indicate that just 58% of all teens reported that they had used a condom when they last had intercourse for protection against HIV and other sexually transmitted diseases and pregnancy. More than one-fifth of students (22%) in grades 9 through 12 reported they had seriously considered suicide during the past 12 months. These health problems may be linked to low school achievement, lack of self esteem and other factors that keep students from succeeding.



School-based health centers (SBHCs) work because they are located where teens are located. It is this accessibility that is the cornerstone of the school-based health center model. Recent surveys and evaluations consistently confirm that Oregon teens cite **ease of access** ("it is easy to get to") as the single most important reason why they use school-based health centers (SBHCs in Oregon: Adolescents Report Their Needs, Use, Behaviors, and Attitudes, Oregon Health Division, 1996).

SBHCs work because they take an **integrated and developmentally appropriate** approach to meeting the health care needs of teens. Services are designed to address the multiple problems teens face, not just to meet their medical care needs. SBHC staff repeatedly report that teens come in asking for an aspirin and leave after disclosing and receiving help with the fact that they have been abused, or are on drugs, or are having unprotected sex. Past surveys and evaluations indicate that Oregon teens are highly satisfied with the services they receive at school-based health centers.

SBHCs work because they are **prevention-oriented.** Health center staff can help teens at the first sign of a problem. Staff members offer intensive, individual attention, making each teen feel special and important. This positive attention from a caring adult before serious problems develop is an alternative to teen parent programs, services for delinquent teens and other programs that deal with problems after they occur. Oregon teens **most at risk** for health-compromising behaviors are more likely to use center services and are seen more frequently, thus creating an opportunity for earlier intervention and prevention of future or more serious problems.

The Staff

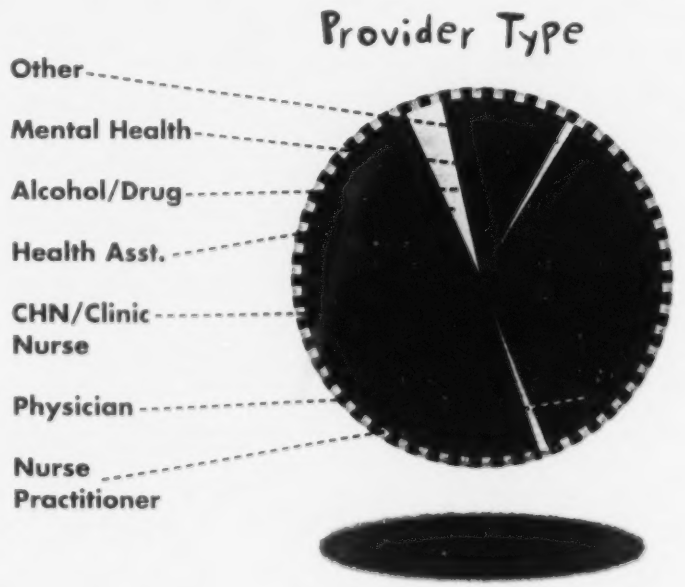
Health centers are routinely staffed with a health assistant and a nurse or a nurse practitioner. Other health professionals, such as mental health or alcohol and other drug counselors, may also have on-site office hours for assessment, education or primary care services.

The **health assistant** is responsible for: scheduling appointments, maintaining supplies, data entry, compiling health center statistics, and providing general clerical support. As the first person teens see when they enter the health center, the assistant also plays a vital role in helping to make teens feel comfortable in the health center. In some health centers, the office assistant is also trained as a medical assistant and assists the nurse or nurse practitioner by taking medical history information, weighing and measuring and collecting laboratory specimens.

Integration of school nursing into the SBHC treatment team is important in offering coordinated health care for students. The **school nurse** in conjunction with the SBHC provides basic health care services and acts as a liaison between the health center, the school and the local health department. The **SBHC nurse** provides primary health care services to students, works closely with parents, the advisory board and the community at large. In health centers without a nurse practitioner, the nurse refers the student to outside sources for primary health care needs in accordance with practice limitations.

The **nurse practitioner** or a **physician assistant** provides primary health care for the students: performing physical examinations, diagnosing, treating and writing prescriptions in accordance with licensed practice limitations. The practitioner may refer the student for specialized care or consult with the student's private physician. In health centers without a nurse, the practitioner also provides the liaison function. Direct physician involvement in the SBHC setting occurs in a limited number of sites. Physician back-up is provided by the organization with management and oversight responsibilities.

Mental Health or **Alcohol & Drug Counselors** often work within the SBHC as part of the direct services team providing assessment, individual and family counseling and leading support groups. They also provide essential coordination of extended community resources for more complex mental, emotional and social problems.



The Services

General Medical Services Related to Acute and Chronic Conditions

The majority of visits to school-based health centers are for the treatment of acute illnesses and injuries or for the management of chronic conditions. Students come to the health centers with headaches, abdominal pain, colds, sprains and urinary tract infections. They come for sports physicals, immunizations, and management of chronic conditions such as diabetes and asthma. When the care needed extends beyond the licensed professional scope of practice, the health center staff helps arrange for the necessary treatment.

Reproductive Health Services

Each health center offers a range of reproductive health services such as diagnosis and treatment of sexually transmitted diseases, help with menstrual problems, pregnancy tests, and family planning information and referral. Some health centers provide comprehensive family planning services including pelvic exams and prescriptions for contraception. Since the 1991-92 school year, health centers have had the option to dispense contraceptives including condoms. High school health centers located in Portland Public Schools may dispense condoms on an appointment basis as well as prescribe and dispense other contraceptives. Eugene SBHCs may dispense condoms for the treatment of sexually transmitted diseases. No other health centers dispense any contraceptives on site at this time; however, some are exploring the possibility with their communities.

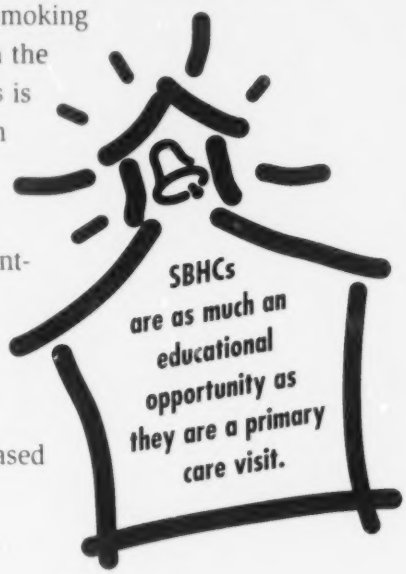
The emphasis on the use of condoms as a tool to prevent sexually transmitted diseases (STDs), apart from the benefits of preventing unintended pregnancies, needs to be revisited and fully discussed at the community level. For those students who indicate that they are currently sexually active, condom distribution to prevent STDs is a compelling factor to consider when defining necessary and potentially life-saving primary care school-based health center services for youth. In health centers where family planning services are limited to information and referral, students are referred to the local health department or to a private provider for further service.

Mental and Emotional Health Services

Each health center also provides a range of mental and emotional health services. Services include individual counseling, support groups and referrals to other community resources. Some health centers have a part-time or full-time mental health counselor on-site, generally funded by the school district or with county mental health funds. Professionals currently working in school-based health center settings consistently identify mental health services as an area of increasing need and suggest expansion of services to children, youth and their families as a planning priority. Past surveys of school-based health center users indicated that teens at risk for multiple health-compromising behaviors are more than twice as likely to seek services at the center than with an outside medical provider, demonstrating the importance of mental health services in school-based health center settings. New data from state supported SBHCs indicates the students with increasing numbers of risk factors are consistently seen more frequently in the center setting.

Health Promotion

Health promotion is an integral part of all health center services. Students are taught to become aware of how their behavior affects their health as well as the role of personal responsibility in maintaining good health. Individual encounters in the school-based health center are as much an educational opportunity as they are a primary care visit. Health promotion and early intervention of health-compromising behaviors or practices is as important to a student's visit as is the treatment of the presenting problem or condition. Teaching the student how to be an appropriate and effective health care consumer is a goal of SBHCs statewide. Staff members provide classroom and community presentations on topics such as HIV, nutrition and smoking. Health center staff also sponsor support groups on topics such as smoking cessation. The active participation of school-based health center staff in the development of health curriculum and other health promotion activities is seen as a positive and beneficial outreach strategy to improve long-term health outcomes for all involved.



The Hours

Students are usually seen by the primary care provider on an appointment basis, but drop-in visits may be available. The optimal model for SBHCs is to be open every school day for most of the day. Staffing patterns vary to ensure the primary care or another health care provider is available at all times. A few centers are exploring summer operations, evening hours, or combing efforts with other community based service integration models.

Advisory Boards And Family Involvement

Advisory Boards

Each school-based health center has an advisory board made up of parents, teachers, students, health care providers and community and religious leaders. Members represent a broad spectrum of community views and values.

Advisory boards develop and review policy, brainstorm program improvements, plan health center events and serve other functions. All functions of the advisory board assure that the health center is designed and developed to meet the needs of the community.

Family Involvement

All health centers strongly encourage teens to involve their parents in their health care. Each health center provides information to parents about health center services and parents are welcome to call or visit the health center. Past surveys have provided valuable parent feedback to both program planners and community members. It was found that communication between parents and youth who use school-based health centers, regarding both their health concerns and decisions, is very high. Also, parents of center users were supportive of centers in general, very satisfied with the quality of care their children received and advocated expansion of services based on those experiences. Parents of children who were non-users indicated non-use was generally due to having access to other providers and not due to negative perceptions of the school-based health centers. In fact, parents of non-users also supported the existence of centers and advocated for expansion of services.

By Oregon law, teens 15 and older may obtain health services without parental consent. Also by Oregon law, minors of any age may receive family planning and sexually transmitted disease services without parental consent. A minor 14 years or older may seek outpatient diagnosis and treatment of a mental or emotional disorder without parental consent.

Some health centers provide services without parental consent as allowed by these laws, though parental involvement is still encouraged whenever possible. Other health centers will provide services only when the student has a parental consent form on file.

The Funding

Thirteen school-based health centers (SBHCs) receive state general funds from the Oregon Health Division, one center receives Federal Preventive Health Block Grant funds and six centers receive support from a grant distributed through the Oregon Department of Human Resources from the Robert Wood Johnson Foundation. Base funding of these state supported centers varies from approximately $50,000 to $100,000 per year, depending on the source. The communities in which the SBHCs operate typically match these dollars (50-100%) with other local public and private resources.

Funding sources for state supported and other centers in operation in Oregon historically have been variable. In some communities, the state funding is supplemented with county general funds or with school district funds. Special grants, fund raising events, Medicaid and third party insurance reimbursement, medical providers and other community partners help cover expenses. Multnomah County has made a significant commitment to the development and operation of SBHCs and reported on the operation of eleven centers in their 1996-97 services report. Hospitals are increasing their involvement as a partner in SBHC development. One center is primarily funded and staffed by the Oregon Health Sciences University. New Federal or private dollars are being pursued in an effort to help develop new centers.

Regardless of the start-up or initial funding source(s), continued operational funds are a concern for all centers and are generally viewed as a joint responsibility of multiple community partners. The Oregon Department of Human Resources from 1994-96 participated in a state-level strategic planning process utilizing funding from the Robert Wood Johnson Foundation. The award of Implementation Phase funding (1996-2000) supported development of new centers in three demonstration communities. At the heart of this effort is an opportunity to examine long-term financing issues and strategies to stabilize school-based health center funding within the public and private health care delivery systems. It is hoped that policy development, modeling, and experience gained in this area will create fresh opportunities for interested communities to pursue development of school-based health centers serving new students in K-12 settings.

Operating Funds (Yearly)	Sources For State Supported SBHCs
671,000	State General Funds (95-97)
358,000	Oregon Health Division, Oregon Making the Grade (96-2000)
51,000	Federal Preventive Health Block Grant (95-97)
810,000	Local Match (based on .75 match) School, County, Private, etc. Cash & services provided
$1,890,000	**Total All Sources**

Teen Health Problems

In 1996, there were 3,274 pregnancies reported among Oregon female youth age 10-17 with 166 pregnant girls age 10-14. The 1996 Oregon teen pregnancy rate was 18.8 per one thousand females age 10-17.

In 1997, 41% of all chlamydial infections, 30% of all gonococcal infections, and 8% of all early syphilis infections in Oregon were reported in teens 15-19 years of age.

In 1996, 15% of all AIDS cases reported in Oregon were among young adults 20-29. Because of the long incubation period, we can assume that 1 in 5 became HIV infected as teenagers.

In 1997, suicide was second only to unintentional injuries as the leading cause of death among Oregonians 10-24 years of age.

In 1997, 22% of Oregon high school students responding to a survey reported they seriously considered suicide during the year preceding the survey. Significantly more females (28%) than males (17%) reported seriously considering suicide. Significantly more females (12%) than males (5%) also reported having attempted suicide.

Weapon carrying is a serious problem. Six percent of Oregon high school students surveyed carried a gun as a weapon in the preceding 30 days, 2% on school property. Seventeen percent carried a weapon other than a gun (such as a knife or a club) within the preceding 30 days, 11% on school property.

In 1996; cigarette use rose dramatically for both eighth- and 11th-grade students. Nearly 22% of eighth-graders reported tobacco use in the past 30 days, up 43% from 1992. For 11th-graders, 28% said they smoked cigarettes, up 45% from four years earlier. A students' early use of cigarettes, the nation's leading preventable cause of disease, disability and death, correlates highly with later marijuana use.

Before age 13, 21% of students had smoked their first cigarette, 29% had their first drink of alcohol, and 5% had sexual intercourse for the first time.

Among eighth-graders, the top five predictors of marijuana use, after peer use of alcohol, tobacco and other drugs, were anti-social behavior in the prior 12 months, neighborhood adults using, parent attitudes favoring use and students own early use of cigarettes and alcohol.

Students were asked about access to health care: 22% of all students reported they did not see a doctor or a nurse practitioner during the past year; 22% did not have a visit to a dentist; 2% of students needed, but did not receive, one or more of 10 forms of health care.

A Case For Prevention

SBHCs and Oregon's Adolescent Hepatitis B Immunization Program: Preliminary Data for the 1996-1997 School Year

Program Description:

During the 1996-1997 school year, over 10,000 Oregon adolescents were immunized in schools, school-based health centers, juvenile detention facilities, and local health departments. Although the program is coordinated by the State Hepatitis Coordinator, it is implemented by local staff and is tailored to meet local needs.

Targeted Population:

Adolescents age 11-18 years. Medical authorities have all recommend hepatitis B immunization for all adolescents age 11-12 years. In Oregon, the target population is determined at the local level. All counties are encouraged to vaccinate all 11-12 year-olds and those older adolescents who may be at risk of hepatitis B infection. In Oregon, an at-risk adolescent is determined to be one who lives in a community where teen pregnancy, injection drug use, or sexually transmitted diseases are common. Most communities in Oregon meet these criteria.

Setting:

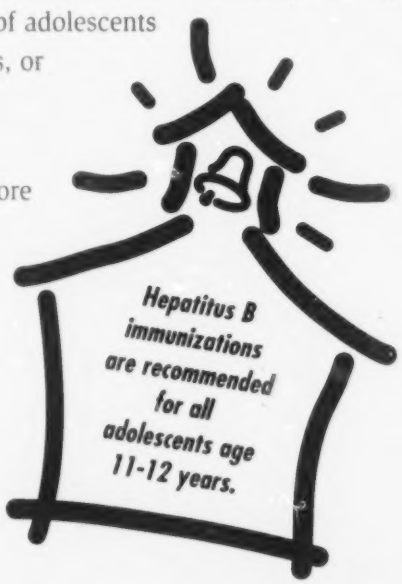
Immunizations are provided in local health departments, schools, school-based health centers, juvenile detention centers, and through special local initiatives. Special initiatives include a rural mobile health van and "Immunization Days" at a shopping mall. The majority of immunizations are given throughout the school year in school-based health centers or during immunization clinics in schools without on-site health services.

Staffing:

Immunizations are provided primarily by public health nurses employed at local health departments or school-based health centers. Some counties recruit community volunteers to assist with immunizations. At several sites, parents of adolescents being immunized provided shots, registered students, or assisted with crowd control.

Results from the 1996-1997 School Year:

Between September 1996 and mid-June 1997, more than 10,000 adolescents were immunized through Oregon's Adolescent Hepatitis B Program.



Completion rates were calculated for those adolescents receiving vaccine in schools, school-based health centers, and those local health departments which strive to complete the vaccine series within the school year. Staff at all sites are diligent about tracking students to ensure series completion.

Hepatitis B doses given,
September 1996 – June 1997:
SBHC, LHD/Sch, select LHD

(SBHC = school-based health centers)

(LHD/Sch = local health department giving shots in schools)

(LHD = local health departments giving shots in clinic)

Dose 1	10,716
Dose 2	9,845
Dose 3	9,011
% complete	84%

An additional 1,721 adolescents received their first dose of vaccine, 1,204 received Dose 2, and 662 completed their series in Oregon between September, 1996 and April, 1997. Finally, preliminary data suggest differences in completion rates between students receiving hepatitis B immunizations at school-based health centers, schools without on-site health services, and local health department clinics:

Hepatitis B Immunization
Completion Rates by Site Type,
September 1996 – June 1997

SBHC	91%
LHD/Sch	85%
LHD	64%

SBHC Success:

The completion rates of the statewide Adolescent Hepatitis B Immunization Program for School-Based Health Centers is one example of how a positive preventive health outcome for Oregon's adolescents can be delivered through this service delivery model. Immunizations in general have been the number one primary diagnostic code for all state supported SBHCs for the past few years. SBHCs offer an effective access model to adolescents, especially those with multiple risk behaviors.

At a SBHC Near You

A male high school student was referred to the School-Based Health Center (SBHC) for emotional distress that was interfering with his school attendance and performance. A school counselor had referred the student to the SBHC to schedule an appointment with the mental health professional. Due to his level of emotional distress he was scheduled in immediately. Prior to his appointment with the mental heath professional the student was given a medical and social history form to fill out and met with the SBHC nurse.

Two weeks earlier the student had been in a snow boarding accident that had resulted in hypothermia, a knee injury and a possible concussion. He had been transported to a hospital via ambulance, but was discharged into the care of his parents in less than 24 hours, with no discharge instructions nor any known evaluation of his head injury (per student and mother). Concerned that her son could have had a head injury, the student's mother took him to a local urgent care facility and was told that he probably had a concussion. His vision was tested and found to have very poor acuity in his left eye (couldn't see), and poorer than normal in his right eye. However, no extensive procedures were done to evaluate the extent of his head injury.

On the day of the student's visit to the SBHC he was screened for symptoms of a head injury. Based upon an interview with the student, he was noted to have experienced a loss of consciousness at the time of the injury, memory of hitting his head on the packed ice, visual disturbances, sensitivity to light, poor balance, impaired speech and memory, labile emotions, difficulty concentrating, persistent headache and a feeling from friends that his personality had changed. Upon noting these changes in performance and personality, the nurse phoned the student's mother to refer him for further medical evaluation and informed the mental health provider of possible medical concerns pertaining to current psychosocial changes. She also discussed with the student safety measures and the need to talk to his parents about physical and emotional changes he was experiencing because they could have been related to his head injury.

The student's mother was contacted twice more following the initial phone call before she decided to take her son for further medical evaluation. Two days after the initial telephone contact the student's physician sent a note to the school notifying the school counselor that he (the student) had a major concussion that would affect his mental performance and would be followed weekly by his physician. The school would be informed when the student was considered back to baseline.

I (the nurse) am positive that the information gathered through the history forms (GAPS) and a health interview directly influenced this student getting services that will affect many aspects of his life at this time. These include access to needed medical attention, communicating with family and others, and safety issues. Moreover, the health forms provided a pathway to prevention for a potentially high risk student.

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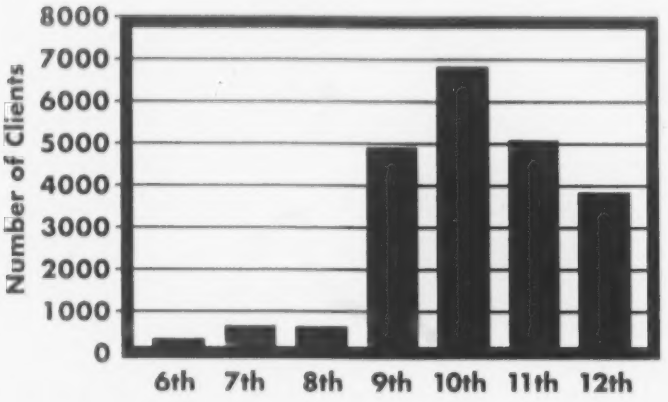
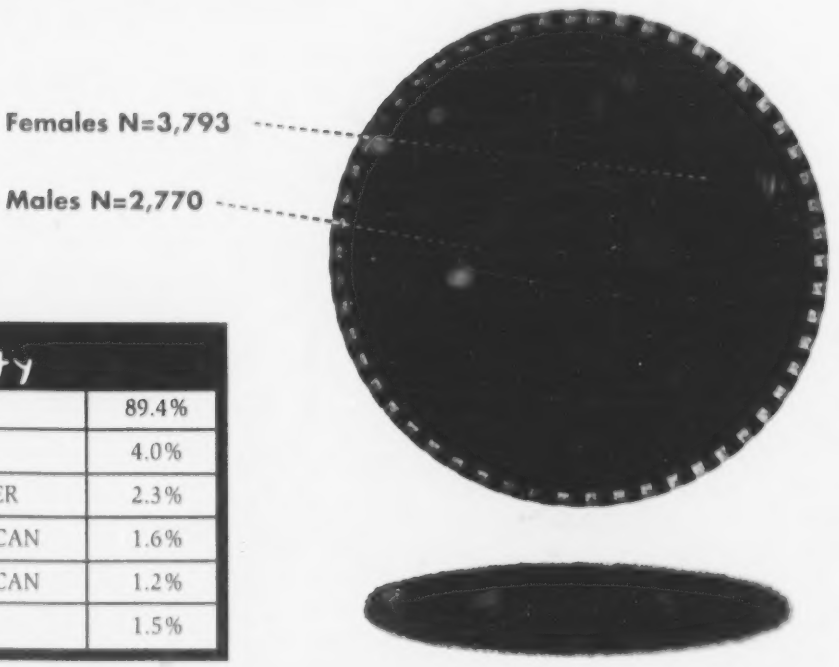
Student Use of SBHCs

There were 6,563 users of the School-Based Health Centers in Oregon during fiscal year 96-97, with 25,033 visits reported, averaging 4.0 visits per client. The population was predominantly Caucasian (89.4%) and female (57.8%). The mean age of the centers' clients was 15.3 years old with an age range of under 1 month to 62 years old. Ninety-eight percent of the users were school-age with 6.4% of the visits from elementary schools, 6.5% from middle schools, and 82.6% from high schools. Nearly half of all visits were from 10th and 11th graders (N = 11,915; 47.6%). Thirty-eight visits accounted for children of students (0.2%) and 844 cases (3.4%) were visits from those classified as transitional students (dropouts or inactive students). The clients largely report themselves (self) as the source of referral to the clinic (41.8%)

Grade in School



Gender

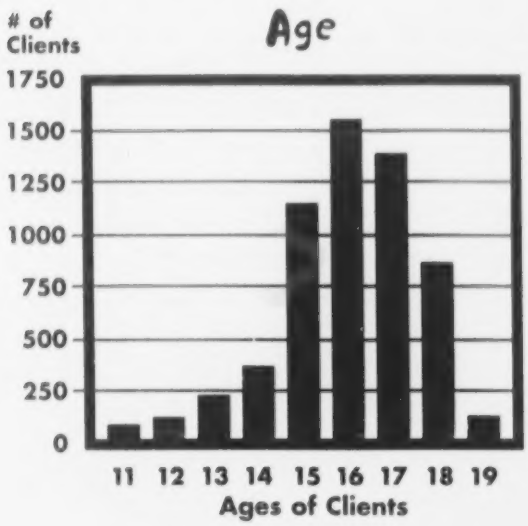


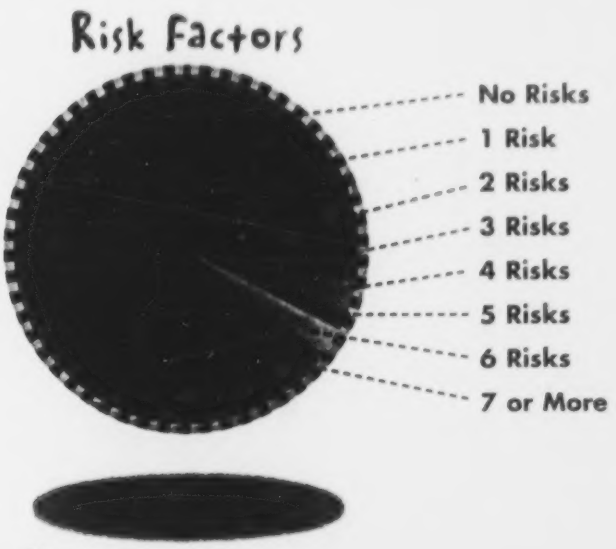
Race/Ethnicity	
CAUCASIAN	89.4%
HISPANIC	4.0%
ASIAN/ PACIFIC ISLANDER	2.3%
INDIAN/ NATIVE AMERICAN	1.6%
BLACK/AFRICAN AMERICAN	1.2%
OTHER/ UNKNOWN	1.5%

Student Use of SBHCs

On average, 1.14 risk factors were identified for each client. Although the majority of clients had no identified risks (71.8%), of those who had identified risks, the most common risk factor reported was "family relationships" (family conflicts, poor family communication, or a recent death in the family) with 10.5% of the population at-risk. The risks, "self-care" (poor dental hygiene, sedentary lifestyle, and not practicing self-exams) (8.9%) and "sexuality" (is sexually active or has sexual concerns) (9.7%), were also frequently chosen. "Seat-belt" (rarely or never using a seatbelt) was least reported as a risk factor for these clients.

Risk Factors	Number of Cases	Percent of Total
NUTRITION	328	4.4
SLEEP	124	1.7
SEATBELT	53	.7
SELF-CARE	665	8.9
FAMILY RELATIONS	789	10.5
PEERS	419	5.6
SCHOOL	580	7.7
VOCATION	80	1.1
TOBACCO	506	6.7
ALCOHOL	416	5.5
DRUG ABUSE	371	4.9
SEXUALITY	727	9.7
PREGNANCY RISK	562	7.5
STD'S	578	7.7
EMOTIONAL HEALTH	638	8.5
ABUSE RISK	210	2.8
VIOLENCE	151	2.0
MENTAL HEALTH SERVICES	309	4.1

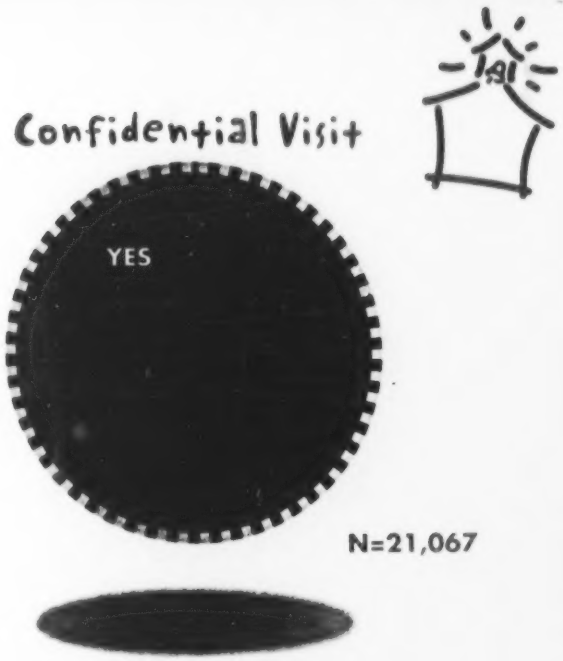


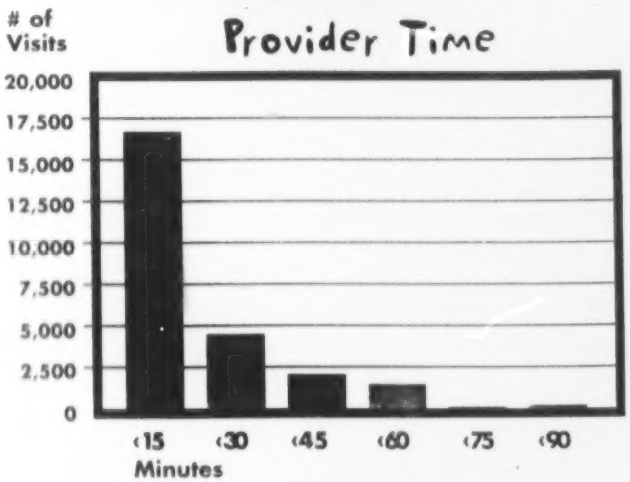


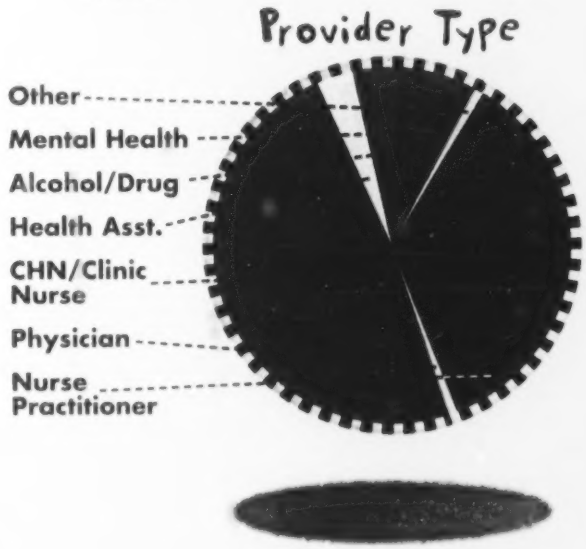
An average of 31.6 minutes was spent by providers on clients with at least one identified risk factor, compared to 14.6 minutes spent on clients with no risks, indicating a statistically significant difference between the two groups. Linear regression analysis between the number of identified risk factors and the number of visits is also statistically significant, where, for every risk factor, there is a concomitant increase by one whole visit.

CHN/clinical nurses were the most frequently reported provider of services (48.6%) with nurse practitioners claiming another 35.1% of the total. Combined, clinical nurses and nurse practitioners provided over 83.7% of all services. Physicians at these clinics provided about .8% of on-site delivery of services. Overall, the average amount of time spent by these providers in a visit was 18.1 minutes. A large percentage of provider time was spent on such services as alcohol and drug abuse counseling, mental health services, and sexual and reproductive counseling. Overall, only 18.8% of visits to school based health centers were considered confidential.

Diagnosis	Mean Provider Time (in Min.)
ALCOHOL ABUSE/ DEPENDENCE	43.9
TOBACCO ABUSE	40.9
CANNABIS ABUSE	48.4
ANOREXIA NERVOSA	31.5
ANXIETY STATE/ DISORDERS	53.6
DEPRESSION	43.0







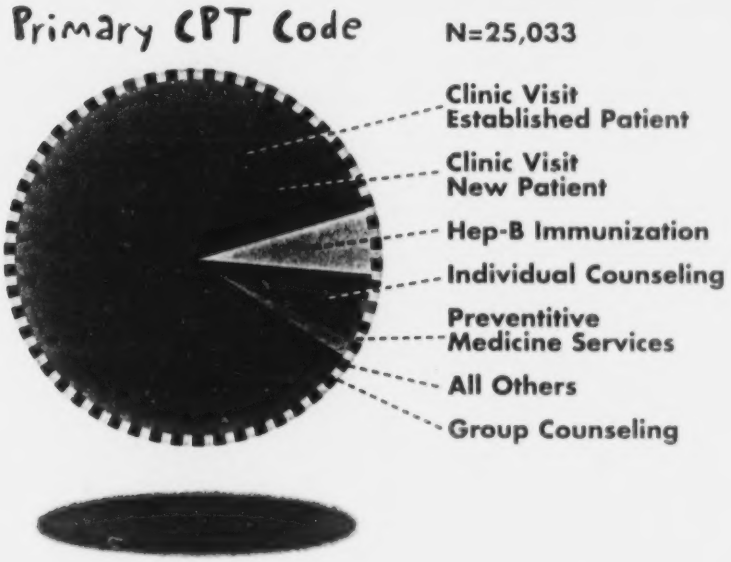
Up to six procedure codes were collected during each visit with 33,491 procedures reported by all the SBHCs last year. The most common primary procedures reported were Clinic Visit by a New Patient (3,334; 13.4%) or an Established Patient, (17,526; 70.0%) and, along with Hepatitis B Immunizations (1,447; 5.8%), accounted for over 89% of all primary procedure codes. Hepatitis B Immunizations also explained 8.2% of all secondary procedure codes. This result is not unexpected as all school-based health clinics were participants in a statewide targeted Hepatitis B immunization program. Interestingly, a full 30% of all primary procedure codes were associated with preventative medicine services.

Up to six diagnostic codes were collected for each visit, with a total of 33,619 diagnostic codes reported. Although 293 different diagnosis codes were used, only 11 codes accounted for over 50% of the cases. The most frequently cited diagnosis was immunization (4,305; 12.8%) and the second most frequently reported diagnosis was headaches (2,918; 8.7%). Health and sexuality counseling (5.7%), acute upper respiratory infection (4.2%), health maintenance (3.4%), tobacco use disorder (3.3%), abuse of alcohol (3.0%), contraceptive counseling (3.0%), superficial injury/contusion (2.4%), acute pharyngitis (2.1%), and abuse of drugs (1.9%) comprised the other categories. Other, less frequently reported codes included dysmenorrhea, depression, disorders of the teeth and gums, anorexia and bulimia.

Most Frequent Diagnostic Codes N = 33,619

Based on a Maximum of Six Diagnostic Codes per Client; Representing a Total of 25,033 Visits

IMMUNIZATION	4,305	12.8%
HEADACHES	2,918	8.7%
HEALTH & SEXUALITY COUNSELING	1,904	5.7%
ACUTE UPPER RESPIRATORY INFECTION	1,413	4.2%
HEALTH MAINTENANCE	1,154	3.4%
TOBACCO USE DISORDER	1,102	3.3%
ABUSE OF ALCOHOL	1,014	3.0%
CONTRACEPTIVE COUNSELING	1,003	3.0%
SUPERFICIAL INJURY/CONTUSION	801	2.4%
ACUTE PHARYNGITIS	708	2.1%



State Supported School-Based Health Centers

Site-Level Information

State Supported

County	School	Grades Served	School Enrollment	Year Opened
Baker	Baker H.S.	9-12	745	1991
Clackamas	Oregon City H.S.	10-12	1,407	1988
Douglas	Roseburg H.S.	10-12	1,481	1990
Jackson	Ashland H.S.	9-12	1,154	1989
Jackson	Crater H.S.	9-12	1,345	1986
Josephine	Illinois Valley H.S.	9-12	516	1993
Lane	North Eugene H.S.	9-12	1,026	1986
Lane	South Eugene H.S.	9-12	1,851	1989
Lincoln	Taft H.S.	9-12	635	1989
Lincoln	Toledo H.S.	9-12	479	1986
Multnomah	Grant H.S.	9-12	1,521	1990
Multnomah	Jefferson H.S.	9-12	1,068	1986
Union	LaGrande H.S.	9-12	893	1986
Yamhill	Willamina H.S.	9-12	310	1989

Oregon Making the Grade Sites

Jackson	Jewett E.S.	K-5	445	1996
Jackson	Scenic M.S.	6-8	732	1996
Multnomah	Lane M.S.	6-8	749	1996
Multnomah	Whitaker M.S.	6-8	878	1997
Umatilla	Pendleton H.S.	9-12	744	1996
Umatilla	Sunridge M.S.	6-8	848	1997

H.S. = High School M.S. = Middle School E.S. = Elementary School

School-Based Health Centers

Hours of Operation	Staffing Hours per Week	Clinic Hours per Week	#of Students Visits	#of Students Served
MWF: 9:45-3:15pm/TTh: 8:15-3:15pm	RN: 35 HA: 35 MD: 4	30.5	2,684	683
M-F: 7:30-3:00pm	ANP: 40 HA:35	37.5	886	252
M-F: 7:30-4:00	HA: 40 NP: 40 RN: 40 MH: 4	42.5	2,850	635
M-W: 8-1:30pm/T: 8-3:30/ThF: 8-11:30	FNP:30 HA: 30	20	1,065	382
M-Th: 8:30-3:30pm	FNP: 32 HA: 32	28	550	260
M: 2-4:00pm/WF: 8-5:00pm/Th: 11:30-4:40pm	FNP: 16 LPN: 20	16	1,347	368
M-Th: 7:30-4:00pm/F: 7:30-12:00pm	PNP: 40 RN: 40 HA: 40	38.5	4,568	986
M-F: 8-4:00pm	FNP:40 RN: 40 HA: 40	40	3,812	1,164
WTh: 8-3:30pm (RN)/ T: 8:30-3:30pm (ATOD/F: 8:30-3:30pm (MH)	RN: 7 HA: 14 PNP: 7 MH: 7 ATOD: 7	26	1,746	354
MTF: 8:30-3:00pm (RN)/ W: 8:30-3:00pm (MH)/Th: 8:30-3:00pm (ATOD)	RN: 7 HA: 21 PNP: 14 MH: 7 ATOD: 7	32.5	1,600	256
M-F: 8-4:00pm	MH: 40 LPN: 40 HA: 40 RN: 32 PNP: 40	40	2,550	755
M-F: 8-4:30pm	PNP:40 FNP: 40 LPN: 40 MH: 40 CHN: 40	42.5	2,633	486
M-Th: 8-4:00pm	RN: 40 HA: 20 FNP: on call	32	654	264
MWTh: 8-3:00pm	FNP: 24 HA: 24	21	586	204
Oregon Making the Grade Sites				
M-F: 8-2:30pm	FNP: 14 HA: 32 MH: 19.5	32.5	1,407	307
M-F: 8-3:30pm	FNP: 20 MH: 14 HA: 37.5	37.5	584	171
M-F: 8-4:00pm	HA: 40 CHN: 32 PNP: 20 MH: 40	40	1,391	207
M-F: 8-4:30pm	HA: 40 MH: 40 NP: 20 CHN: 32	42.5	*	*
M-F: 7:30-4:00pm	RN: 40 FNP: 10 MH: 20 HA: 40	42.5	694	277
M-W: 7:30-4:00pm/TThF: 7:30-3:00pm	FNP: 10 RN: 30 HA: 35 MH: 16	39.5	*	*

HA: Health Assistant
LPN: Licensed Practical Nurse
MD: Medical Doctor
CHN: Community Health Nurse
PNP: Pediatric Nurse Practitioner
RN: Registered Nurse
ANP: Adolescent Nurse Practitioner
FNP: Family Nurse Practitioner
MH: Mental Health
ATOD: Alcohol, Tobacco & Other Drugs

Ashland SBHC

Ashland saw 382 clients in 1996-1997. Among their clients, 60.7% were female and 69.4% of the visits were by females. The average client age was 16.3 years old. The youngest client at the Ashland site was 14 years old and the oldest client was 19 years old. All of the clients were school-age (5 thru 19 years old). Ashland's school-based health center served almost exclusively ninth through twelfth graders. The average number of visits per client was 2.8 and the maximum number of visits by one client was 14. One hundred and ninety-three clients (50.5%) report the source of referral to be self.

In Ashland, nurse practitioners provided the majority of center services (98.7%). An average of .9 risks were identified by the providers, with sexuality being the most frequently reported risk (N = 125, 19.4%) and vocation being the least reported risk (N = 1). The most common diagnoses at the Ashland site were immunizations, sports-job-camp physicals, health and sexuality counseling, annual pap smear/gynecological exams and acute pharyngitis.

Jackson County

ASHLAND HIGH SCHOOL

Grades: 9-12

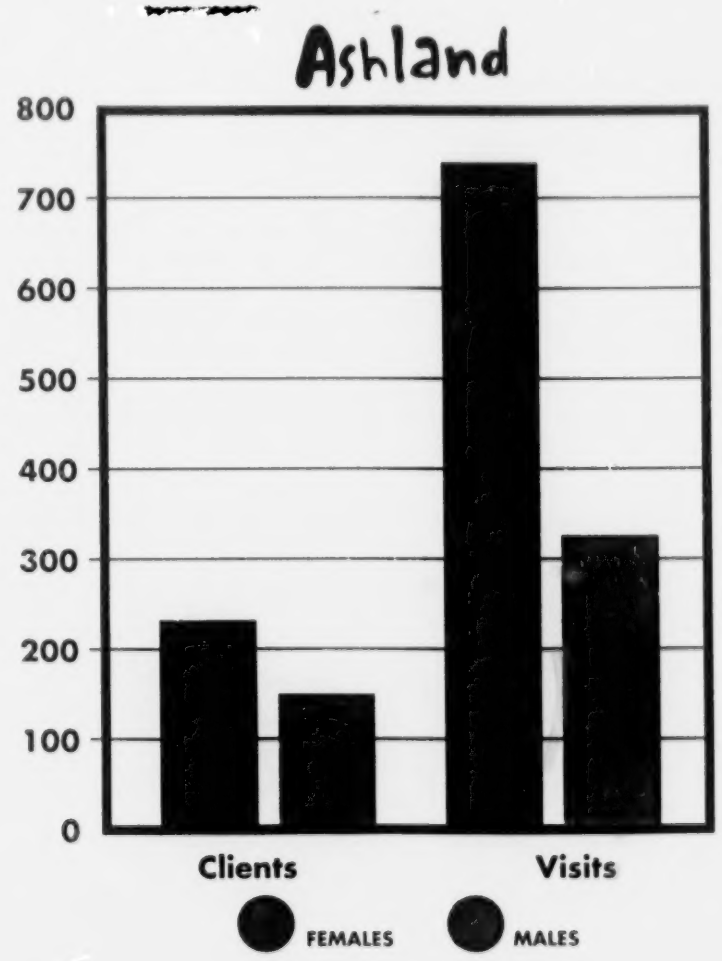
Opened: 1989

Average Age of Client: 16.3

Average Visits/Client: 2.8

Average Risks/Client: .9

Total Visits: 1,065



Baker SBHC

Baker saw 683 clients in 1996-1997. Among their clients, 55.3% were female and 67.5% of their visits were by females. The average client age was 16.0 years old. The youngest client at the Baker site was 12.0 years old and the oldest client was 20.0 years old. Nearly all of the clients (99.7%) were school-age (5 thru 19 years old). Baker's school-based health center almost exclusively served six through twelfth graders. The average number of visits per client was 3.9 and the maximum number of visits by one client was 43. Three hundred and twenty-nine clients (48.2%) report the source of referral to be self.

In Baker, community health and clinic nurses provided the majority of center services (86.0%). An average of .9 risks were identified by the providers, with sexuality being the most frequently reported risk (N = 93, 15.9%) and seatbelt never being reported as a risk. The most frequent diagnoses at the Baker site were immunizations, headaches, acute upper respiratory infections, lab test follow up and health maintenance.

Baker County

BAKER HIGH SCHOOL

Grades: 9-12

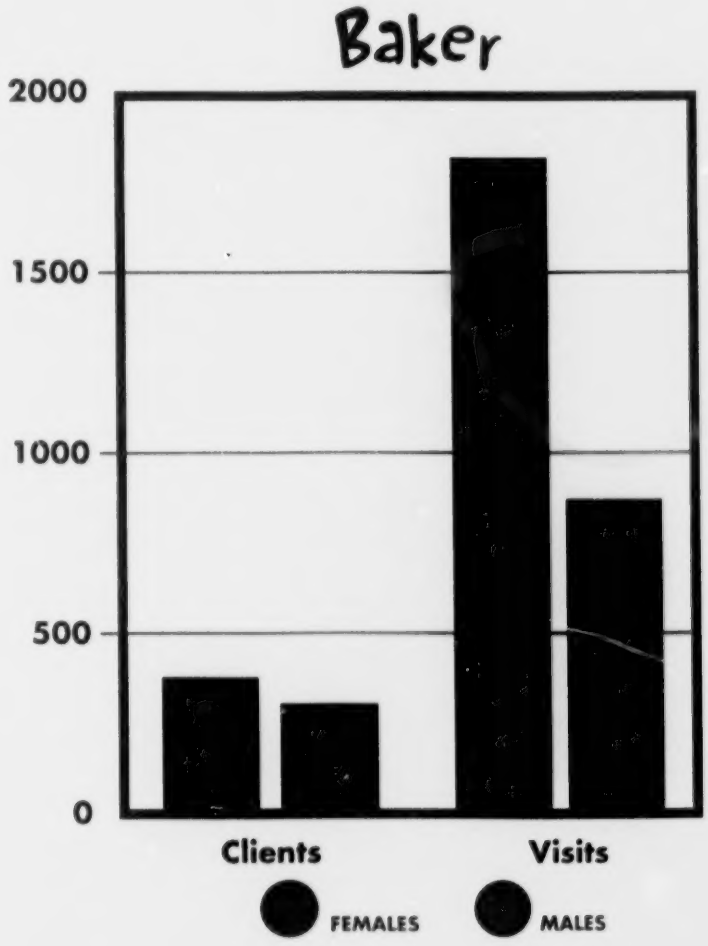
Opened: 1991

Average Age of Client: 16.0

Average Visits/Client: 3.9

Average Risks/Client: .9

Total Visits: 2,684



Crater SBHC

Crater saw 260 clients in 1996-1997. Among their clients, 61.2% were female and 68.7% of their visits were by females. The average client age was 15.9 years old. The youngest client at the Crater site was less than 1 month old and the oldest client was 20.0 years old. Nearly all of the clients (98.2%) were school-age (5 thru 19 years old). Crater's school-based health center primarily served sixth through twelfth graders. The average number of visits per client was 2.2 and the maximum number of visits by one client was 10. There were no referral sources reported for this site.

In Crater, nurse practitioners provided the majority of center services (91.8%). An average of 1.3 risks were identified by the providers, with self-care being the most frequently reported risk (N = 93, 27.0%); vocation and mental health services were never reported as a risk. Crater's most frequent diagnoses were immunizations, health & sexuality counseling, contraceptive counseling, acute pharyngitis and health maintenance.

Jackson County

CRATER HIGH SCHOOL

Grades: 9-12

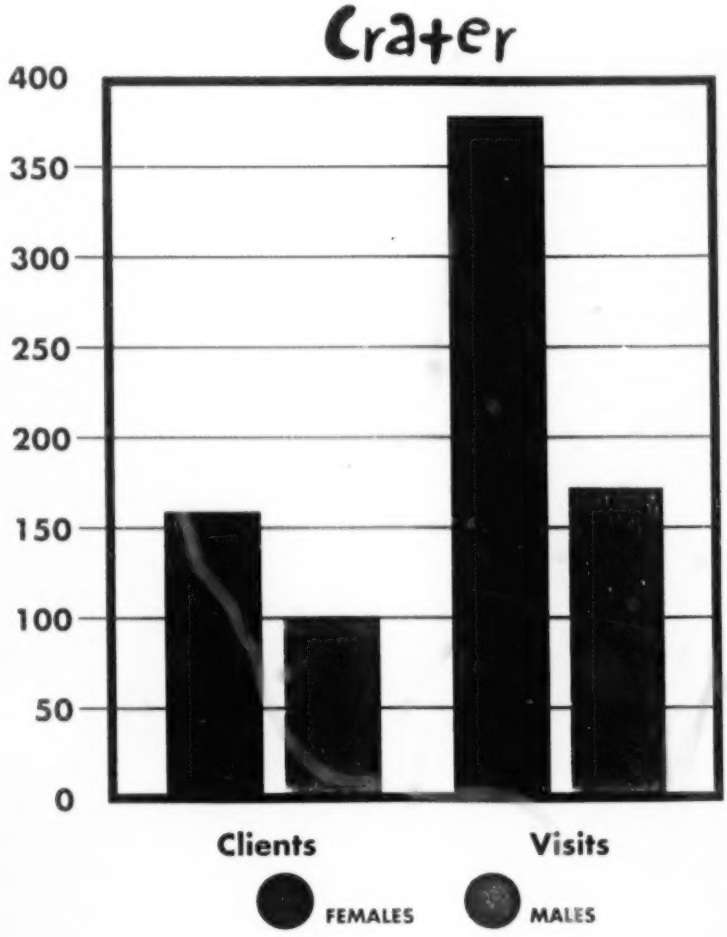
Opened: 1986

Average Age of Client:15.9

Average Visits/Client: 2.2

Average Risks/Client: 1.3

Total Visits: 550



Illinois Valley SBHC

Illinois Valley saw 368 clients in 1996-1997. Among their clients, 54.6% were female and 68.8% of their visits were by females. The average client age was 16.3 years old. The youngest client at the Illinois Valley site was 7 months old and the oldest client was 62.0 years old. The majority of the clients (93.1%) were school-age (5 thru 19 years old). Illinois Valley's school-based health center served a wide range of grades - from preschool-age clients through twelfth graders and even children of students. The average number of visits per client was 3.7 and the maximum number of visits by one client was 39. The majority of clients did not report referral source.

In Illinois Valley, nurse practitioners provided the majority of center services (73.3%). An average of 1.8 risks were identified by the providers, with family relationships being the most frequently reported risk (N = 75, 12.7%) and seatbelt being the least reported risk (N = 1). The most commonly reported diagnoses for Illinois Valley were immunizations, depression, health & sexuality counseling, sports-job-camp-physical exams and contraceptive counseling.

Josephine County

ILLINOIS VALLEY HIGH SCHOOL

Grades: 9-12

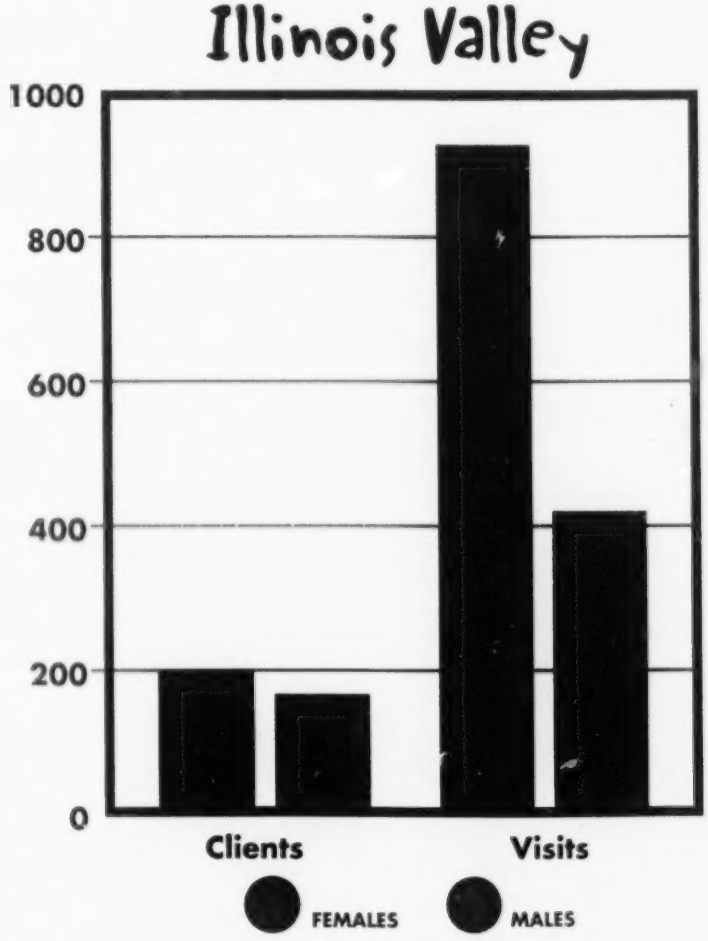
Opened: 1993

Average Age of Client: 16.3

Average Visits/Client: 3.7

Average Risks/Client: 1.8

Total Visits: 1,347



Jewett SBHC

Jewett saw 307 clients in 1996-1997. The gender distribution of its clients was nearly equal. The majority of visits at Jewett were by males (59.8%). The average client age was 8.5 years old. The youngest client at the Jewett site was 5 years old and the oldest client was 19.0 years old. All of the clients were school-age (5 thru 19 years old). Jewett's school-based health center served almost exclusively kindergarten through fifth graders. The average number of visits per client was 4.6 and the maximum number of visits by one client was 106. The majority of students did not report referral source.

In Jewett, mental health practitioners provided the majority of center services (47.2%). An average of .7 risks were identified by the providers, with family relationships being the most frequently reported risk (N = 42, 20.9%). The most common diagnoses at the Jewett site were anxiety disorders, oppositional defiant disorders, head lice, dysthymia disorder and adjustment disorders.

Jackson County

JEWETT ELEMENTARY SCHOOL

Grades: K-5

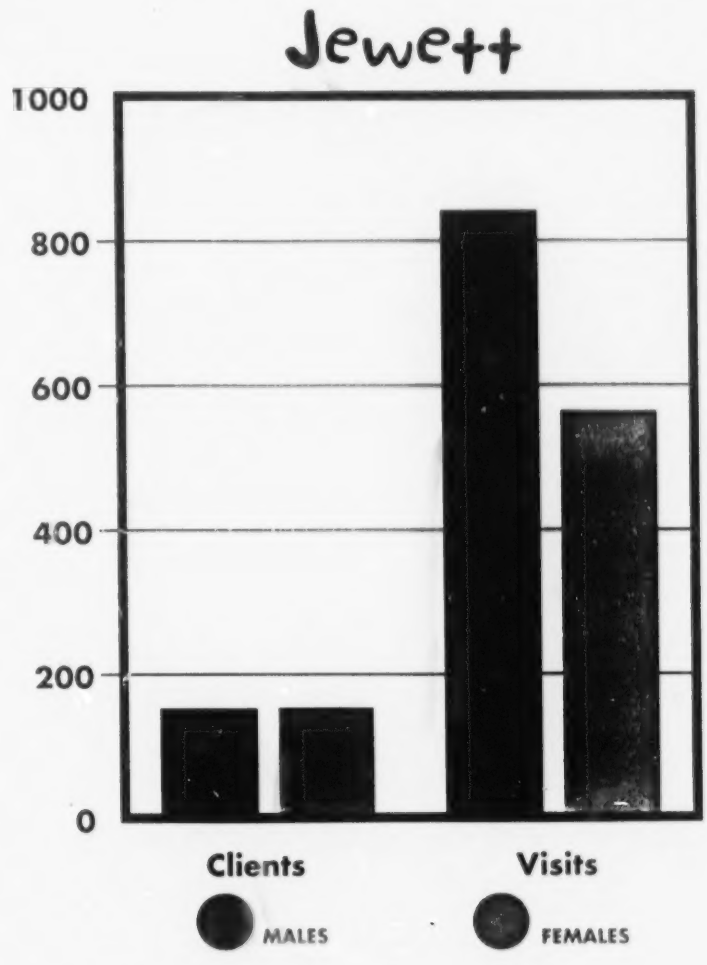
Opened: 1996

Average Age of Client: 8.5

Average Visits/Client: 4.6

Average Risks/Client: .7

Total Visits: 1,407



La Grande SBHC

La Grande saw 264 clients in 1996-1997. Among their clients, 61.7% were female and 68.2% of their visits were by females. The average client age was 16.2 years old. The youngest client at the La Grande site was 14 years old and the oldest client was 21.0 years old. Nearly all of the clients (99.6%) were school-age (5 thru 19 years old). La Grande's school-based health center served only ninth through twelfth graders. The average number of visits per client was 2.5 and the maximum number of visits by one client was 15. There were no referral sources reported for this site.

In La Grande, community health and clinic nurses provided 100% of all services. An average of 2.0 risks were identified by the providers, with sexuality being the most frequently reported risk (N = 235, 45.1%) and seatbelt, violence, and vocation being the least reported (N = 2). The most frequently reported diagnoses for La Grande were headaches, laceration of open wounds, health maintenance, contraceptive counseling and dislocation-sprain-strains.

Union County

LAGRANDE HIGH SCHOOL

Grades: 9-12

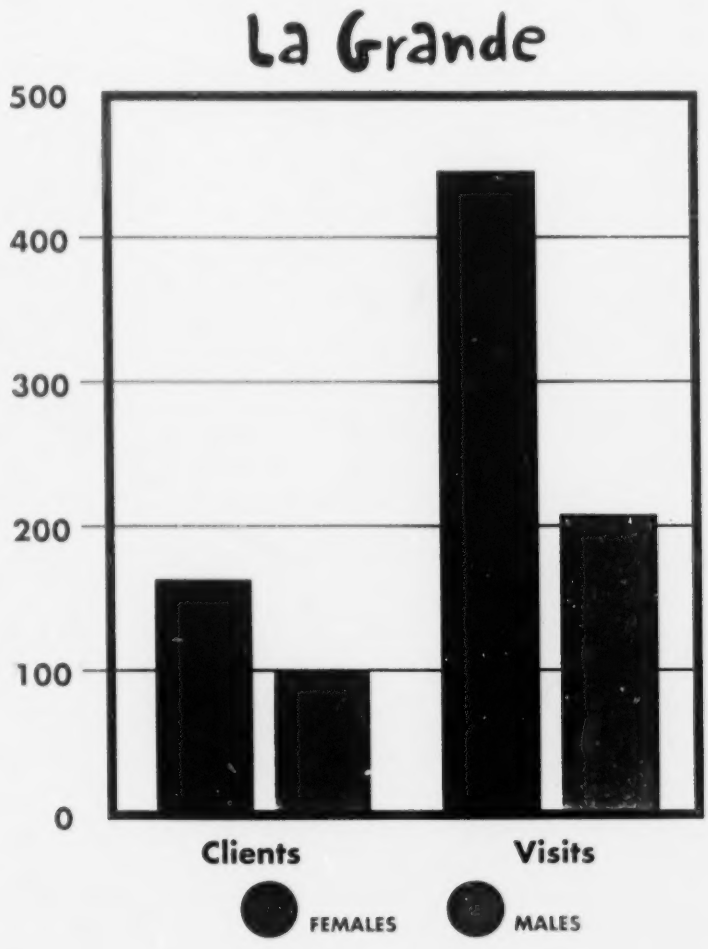
Opened: 1986

Average Age of Client: 16.2

Average Visits/Client: 2.5

Average Risks/Client: 2.0

Total Visits: 654



North Eugene SBHC

North Eugene saw 986 clients in 1996-1997. Among their clients, 58.8% were female and 72.5% of their visits were by females. The average client age was 15.8 years old. The youngest client at the North Eugene site was 7 months old and the oldest client was 25.0 years old. The majority of the clients (96.4%) were school-age (5 thru 19 years old). North Eugene's school-based health center served a wide range of grades - from preschool-age clients through twelfth graders and even children and relatives of students. The average number of visits per client was 4.7 and the maximum number of visits by one client was 67. Five hundred and fifty-one clients (55.9%) report the source of referral to be self.

In North Eugene, community health and clinic nurses provided the majority of center services (64.9%). An average of 0.51 risks were identified by the providers, with sexuality being the most frequently reported risk (N = 59, 11.8%) and seatbelt being the least reported risk (N = 1). The most common diagnoses at North Eugene's center were headaches, immunizations, acute upper respiratory infections, other viral infections and acute pharyngitis.

Lane County

NORTH EUGENE HIGH SCHOOL

Grades: 9-12

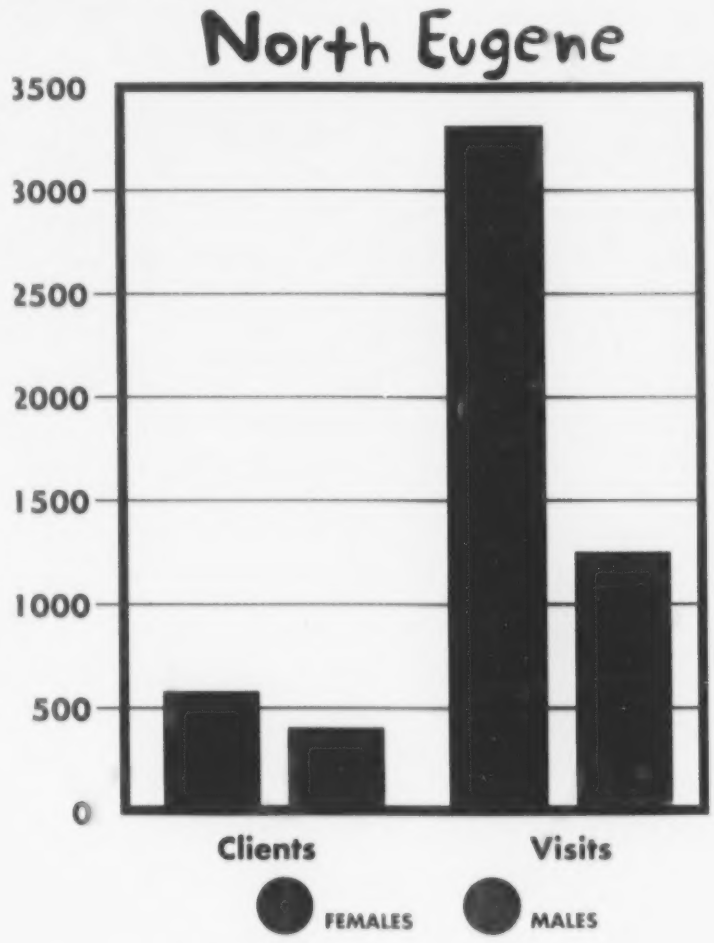
Opened: 1986

Average Age of Client: 15.8

Average Visit/Client: 4.7

Average Risks/Client: 0.51

Total Visits: 4,568



Oregon City SBHC

Oregon City saw 252 clients in 1996-1997. Among their clients, 62.3% were female and 66.0% of their visits were by females. The average client age was 16.4 years old. The youngest client at the Oregon City site was 8 months old and the oldest client was 19.0 years old. Nearly all of the clients (99.6%) were school-age (5 thru 19 years old). Oregon City's school-based health center primarily served ninth through twelfth graders, with dropouts and other clients comprising a small segment of the population served. The average number of visits per client was 3.5 and the maximum number of visits by one client was 20. Ninety-two clients (36.5%) report the source of referral to be self.

In Oregon City nurse practitioners provided the majority of center services (99.8%). An average of 1.7 risks were identified by the providers, with sexuality being the most frequently reported risk (N = 81, 19.1%); peers and vocation were never reported as a risk. The most common diagnoses at the Oregon City center were immunizations, headaches, contraceptive counseling, health & sexuality counseling and lab test follow up.

Clackamas County

OREGON CITY HIGH SCHOOL

Grades: 10-12

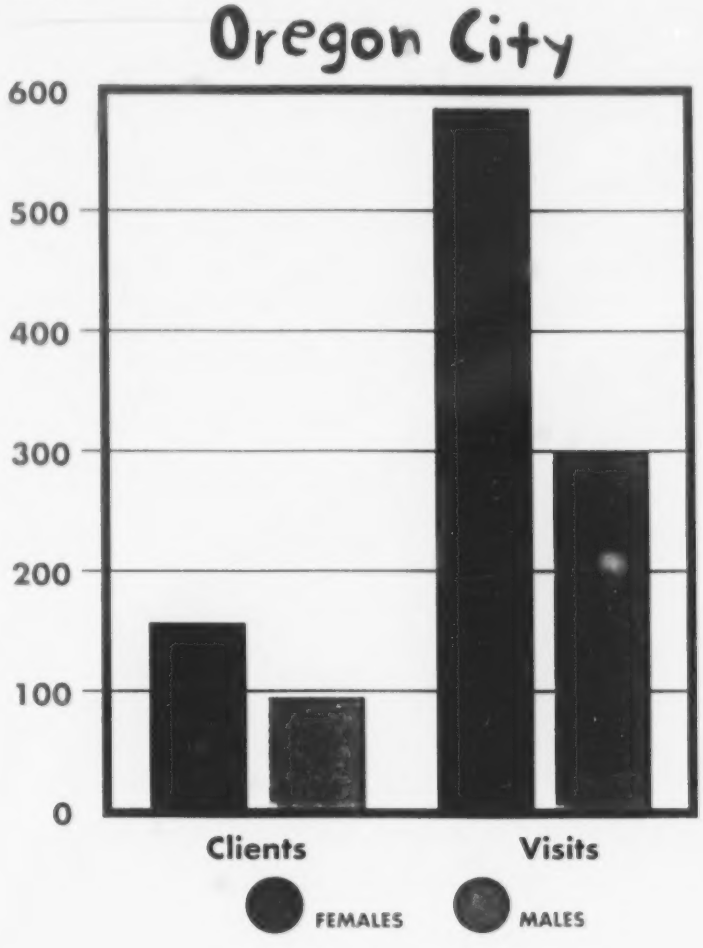
Opened: 1988

Average Age of client: 16.4

Average Visits/Clients: 3.5

Average Risks/Client: 1.7

Total Visits: 886



Pendleton SBHC

Pendleton saw 277 clients in 1996-1997. Among their clients, 63.9% were female and 71.9% of their visits were by females. The average client age was 16.8 years old. The youngest client at the Pendleton site was 1.0 year old and the oldest client was 43.0 years old. Nearly all of the clients (95.5%) were school-age (5 thru 19 years old). Pendleton's school-based health center served almost exclusively ninth through twelfth graders. The average number of visits per client was 2.5 and the maximum number of visits by one client was 28. Seventy-five clients (27.1%) report the source of referral to be a teacher or a friend.

In Pendleton, community health and clinic nurses provided the majority of center services (41.5%). An average of .7 risks were identified by the providers, with family relationships being the most frequently reported risk (N = 32, 17.6%) and vocation being the least reported risk (N = 1). The most common diagnoses at the Pendleton site were headaches, relational problems, dislocation-sprain-strains, depressive disorders and adjustment disorders.

Umatilla County

PENDLETON HIGH SCHOOL

Grades: 9-12

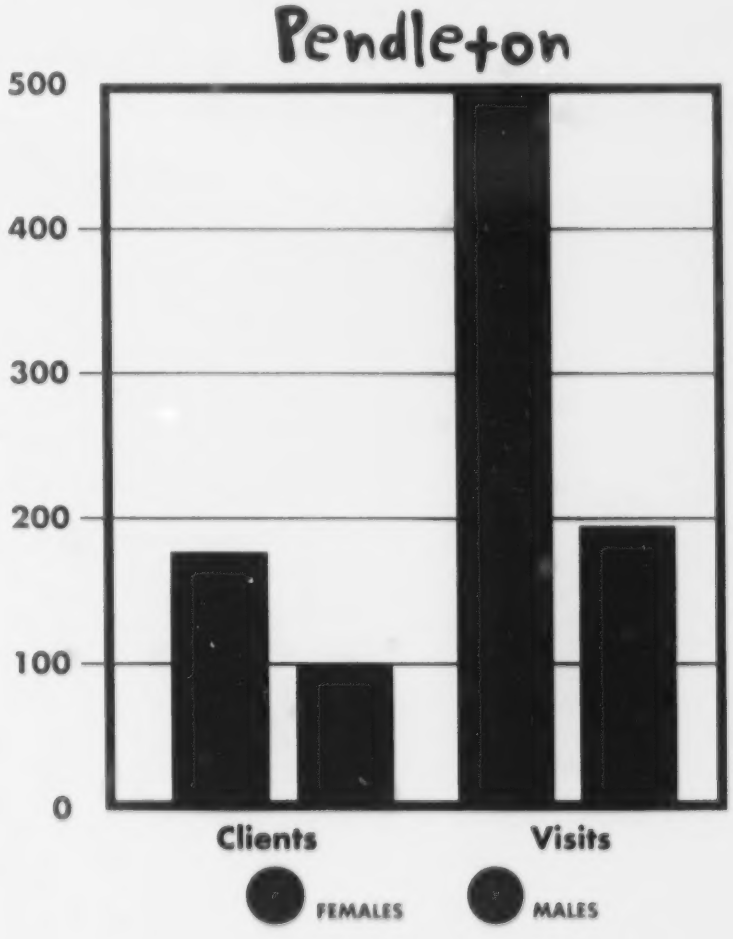
Opened: 1996

Average Age of Client: 16.8

Average Visits/Client: 2.5

Average Risks/Client: .7

Total Visits: 694



Roseburg SBHC

Roseburg saw 635 clients in 1996-1997. Among their clients, 58.4% were female and 71.3% of their visits were by females. The average client age was 16.4 years old. The youngest client at the Roseburg site was 7 months old and the oldest client was 20.0 years old. Nearly all of the clients (96.8%) were school-age (5 thru 19 years old). Roseburg's school-based health center served primarily tenth through twelfth graders, with 6.3% of the clientele comprising dropouts, graduates, children of students and inactive clients. The average number of visits per client was 4.5 and the maximum number of visits by one client was 93. One hundred and seventy-three cases (27.0%) report the source of referral to be parent or guardian.

In Roseburg, community health and clinic nurses provided the majority of center services (86.2%). An average of 1.8 risks were identified by the providers, with emotional health being the most frequently reported risk (N = 122, 10.4%) and seatbelt being the least reported risk (N = 1). The most common diagnoses for the Roseburg site were immunizations, headaches, superficial injuries or contusions, health & sexuality counseling and dislocation-sprains-strains.

Douglas County

ROSEBURG HIGH SCHOOL

Grades: 10-12

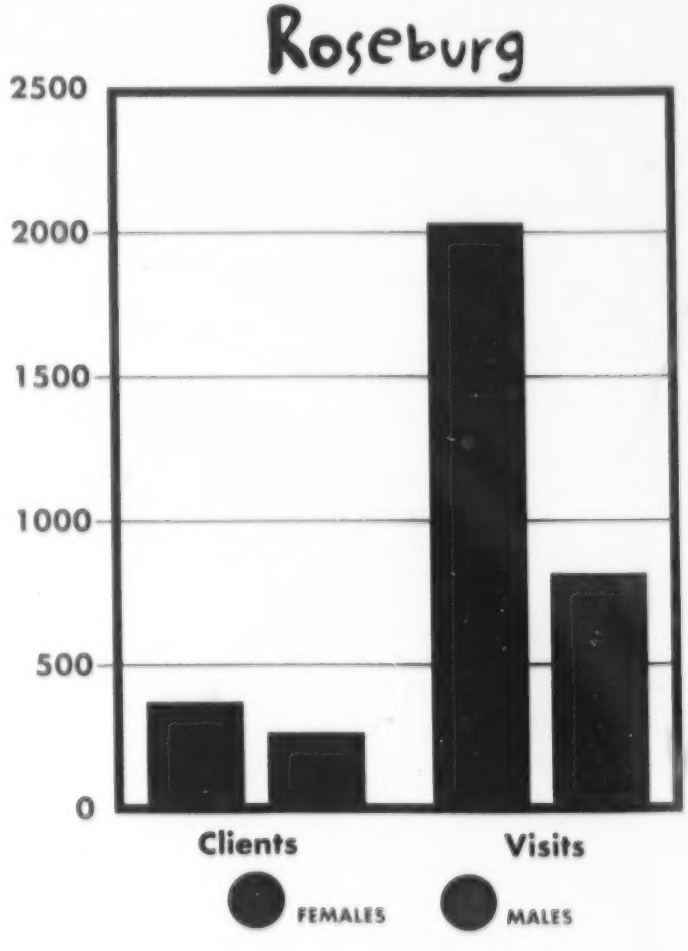
Opened: 1990

Average Age of Client: 16.4

Average Visits/Client: 4.5

Average Risks/Client: 1.8

Total Visits: 2,850



Scenic SBHC

Scenic saw 171 clients in 1996-1997. The gender distribution of its clients was nearly equal. The majority of the visits at Scenic were by males (53.8%). The average client age was 12.9 years old. The youngest client at the Scenic site was 8.0 years old and the oldest client was 17.0 years old. All of the clients were school-age (5 thru 19 years old). Scenic's school-based health center served almost exclusively sixth through eighth graders. The average number of visits per client was 3.4 and the maximum number of visits by one client was 73. There were no referral sources reported for this site.

In Scenic, mental health practitioners provided the majority of center services (48.6%). An average of .9 risks were identified by the providers, with family relationships being the most frequently reported risk (N = 29, 18.6%). The most common diagnoses at the Scenic site were oppositional defiant disorder, dysthymia disorder, anxiety disorders, post traumatic stress disorder and headaches.

Jackson County

SCENIC MIDDLE SCHOOL

Grades: 6-8

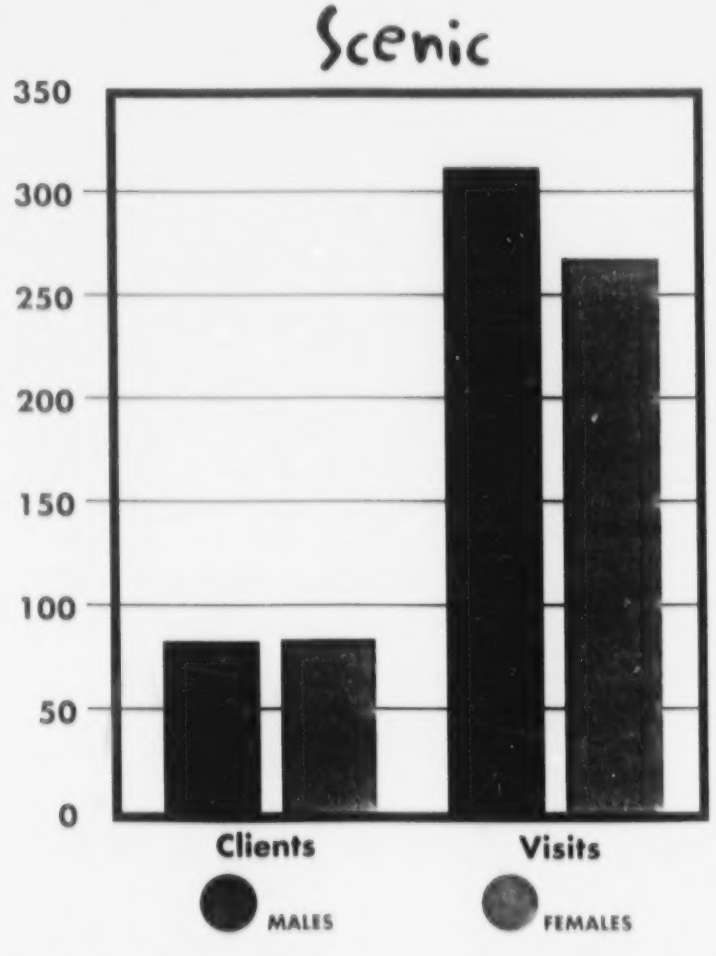
Opened: 1996

Average Age of Client: 12.9

Average Visits/Client: 3.4

Average Risks/Client: .9

Total Visits: 584



South Eugene SBHC

South Eugene saw 1,164 clients in 1996-1997. Among their clients, 58.2% were female and 65.2% of their visits were by females. The average client age was 15.3 years old. The youngest client at the South Eugene site was 1 month old and the oldest client was 37.0 years old. Nearly all of the clients (97.2%) were school-age (5 thru 19 years old). South Eugene's school-based health center served a wide range of grades - from preschool-age clients through twelfth graders and even children and relatives of students. The average number of visits per client was 3.3 and the maximum number of visits by one client was 38. Eight hundred and seventy-six cases (75.3%) report the source of referral to be self.

In South Eugene, community health and clinic nurses provided the majority of services (63.5%). Clients were not routinely screened for risk factors at this site. The most common diagnoses for the South Eugene site were immunizations, headaches, acute upper respiratory infections, health & sexuality counseling and dysmenorrhea.

Lane County

SOUTH EUGENE HIGH SCHOOL

Grades: 9-12

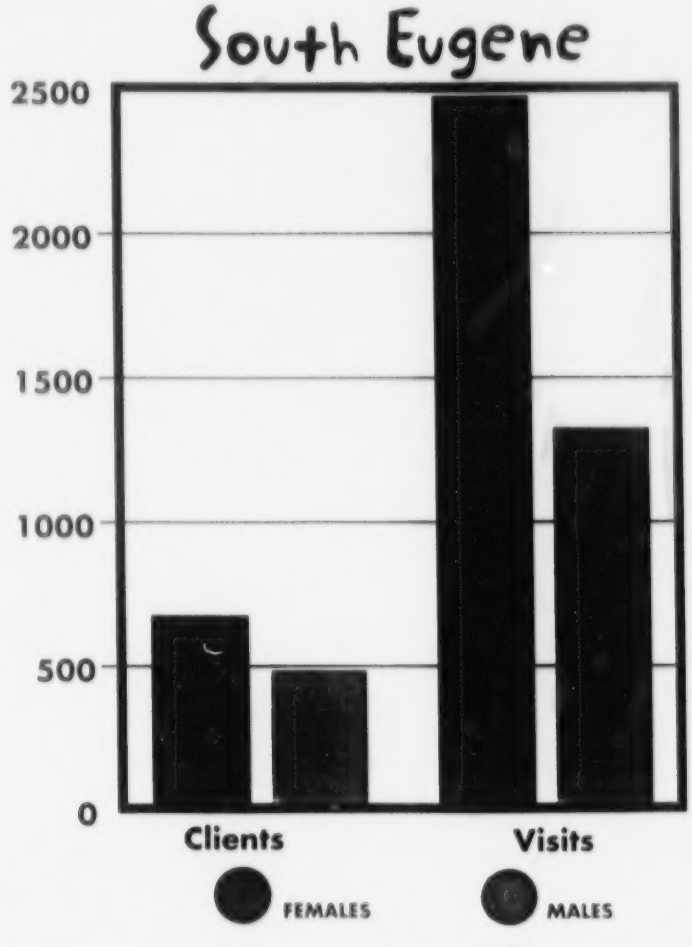
Opened: 1989

Average Age of Client: 15.3

Average Visits/Client: 3.3

Average Risks/Client: N/A

Total Visits: 3,812



Taft SBHC

Taft saw 354 clients in 1996-1997. Among their clients, 54.2% were female and 56.5% of their visits were by females. The average client age was 16.2 years old. The youngest client at the Taft site was 4 months old and the oldest client was 21.0 years old. Nearly all of the clients (99.1%) were school-age (5 thru 19 years old). Taft's school-based health center served almost exclusively ninth through twelfth graders. Taft High School provides a variety of mental health and alcohol, tobacco, and other drug abuse group counseling sessions to students. The average number of visits per client was 4.9 and the maximum number of visits by one client was 50. Two hundred and fifty-six clients (72.3%) report the source of referral to be self.

In Taft, alcohol and drug counselors provided the majority of center services (31.7%). An average of 3.1 risks were identified by the providers, with family relationships being the most frequently reported risk (N = 136, 12.5%) and seatbelts being the least reported risk (N = 1). The most common diagnoses for the Taft center were alcohol abuse, cannabis abuse, headaches, immunizations and parent-child problems.

Lincoln County

TAFT HIGH SCHOOL

Grades: 9-12

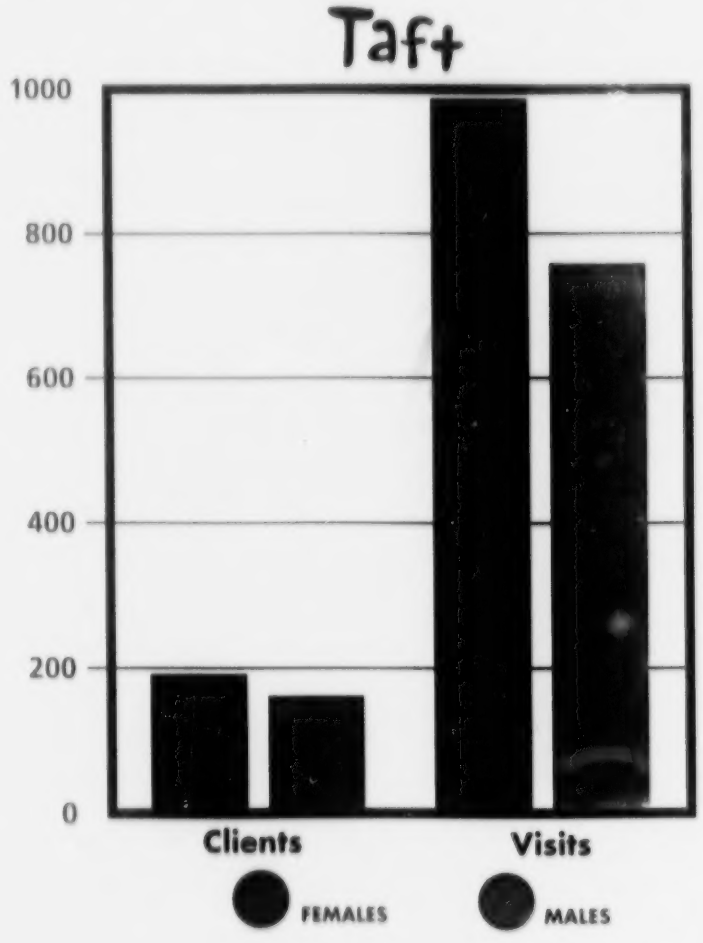
Opened: 1989

Average Age of Client: 16.2

Average Visits/Client: 4.9

Average Risks/Client: 3.1

Total Visits: 1,746



Toledo SBHC

Toledo saw 256 clients in 1996-1997. Among their clients, 57.8% were female and 69.1 percent of their visits were by females. The average client age was 16.2 years old. The youngest client at the Toledo site was 5.0 years old and the oldest client was 20.0 years old. Nearly all of the clients (99.7%) were school-age (5 thru 19 years old). Toledo's school-based health center served almost exclusively ninth through twelfth graders. Toledo High School provides a variety of mental health and alcohol, tobacco, and other drug abuse group counseling sessions to students. The average number of visits per client was 6.3 and the maximum number of visits by one client was 44. Two hundred and thirty-two clients (90.6%) report the source of referral to be self.

In Toledo, alcohol and drug counselors provided the majority of center services (27.7%). An average of 3.0 risks were identified by the providers, with family relationships being the most frequently reported risk (N = 98, 12.7%) and seatbelt being the least reported risk (N = 1). The most common diagnoses for the Toledo center were headaches, abuse of alcohol, cannabis abuse, parent-child problems and immunizations.

Lincoln County

TOLEDO HIGH SCHOOL

Grades: 9-12

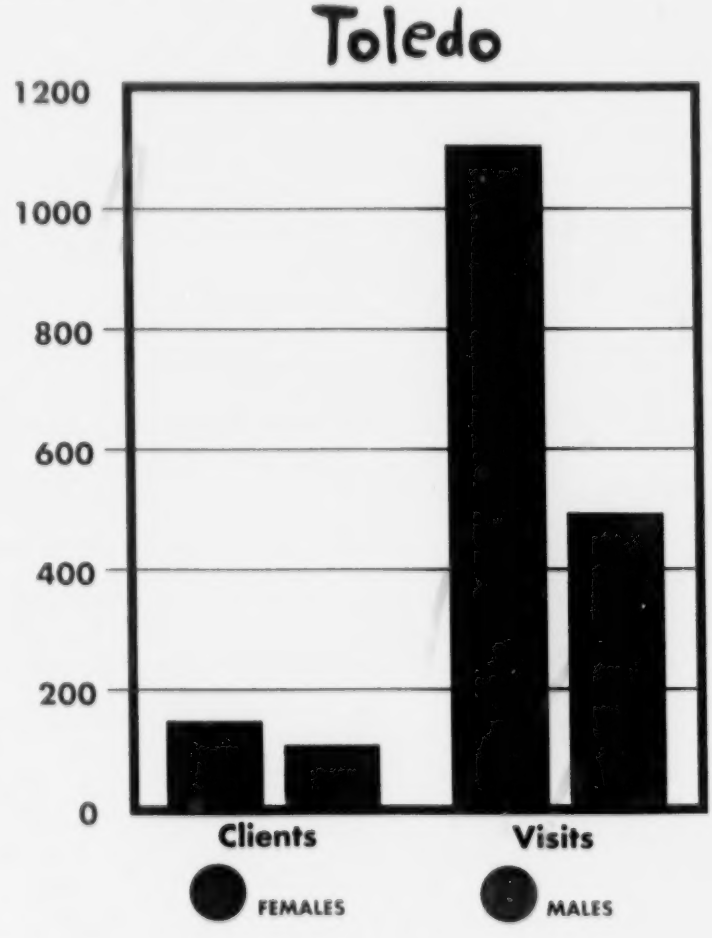
Opened: 1986

Average Age of Client: 16.2

Average Visits/Client: 6.3

Average Risks/Client: 3.0

Total Visits: 1,600



Willamina SBHC

Willamina saw 204 clients in 1996-1997. Among their clients, 57.8% were female and 69.6% of their visits were by females. The average client age was 14.8 years old. The youngest client at the Willamina site was 7 months old and the oldest client was 21.0 years old. Nearly all of the clients (99.0%) were school-age (5 thru 19 years old). Willamina's school-based health center served primarily sixth through twelfth graders. The average number of visits per client was 2.9 and the maximum number of visits by one client was 34. The majority of clients did not report referral source.

In Willamina, nurse practitioners provided the majority of center services (89.9%). Risk factors were not routinely screened for at this site. The most common diagnoses for the Willamina center were tobacco use disorder, sports-job-camp physical exams, headaches, acute upper respiratory infections and adolescent adjustment.

Yamhill County

WILLAMINA HIGH SCHOOL

Grades: 9-12

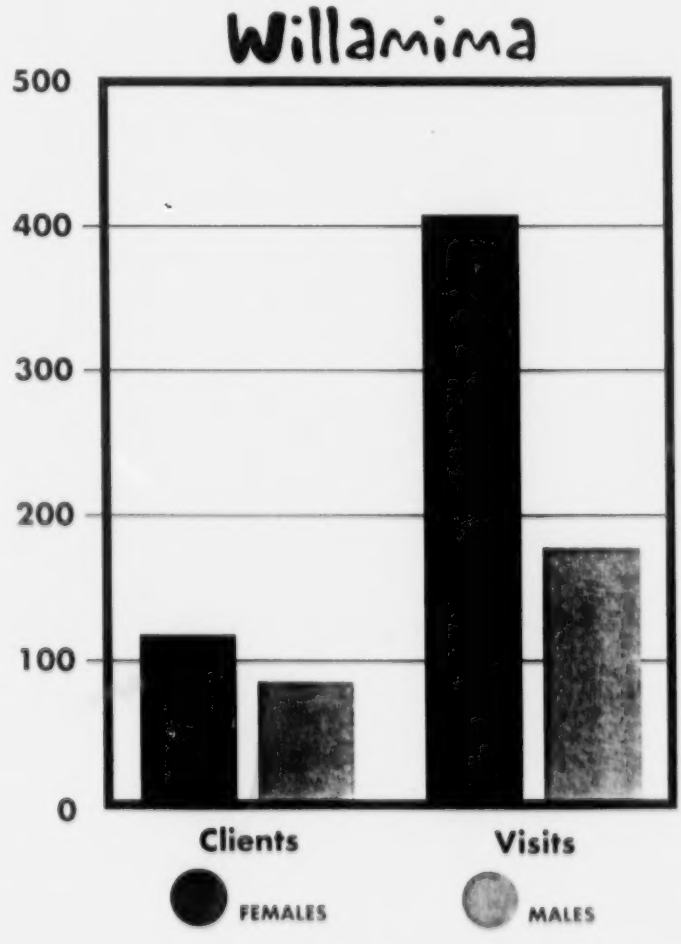
Opened: 1989

Average Age of Client: 14.8

Average Visits/Client: 2.9

Average Risks/Client: N/A

Total Visits: 586



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6. Oregon Health Division. Oregon School-Based Health Centers: A Follow-up Report, 1996.
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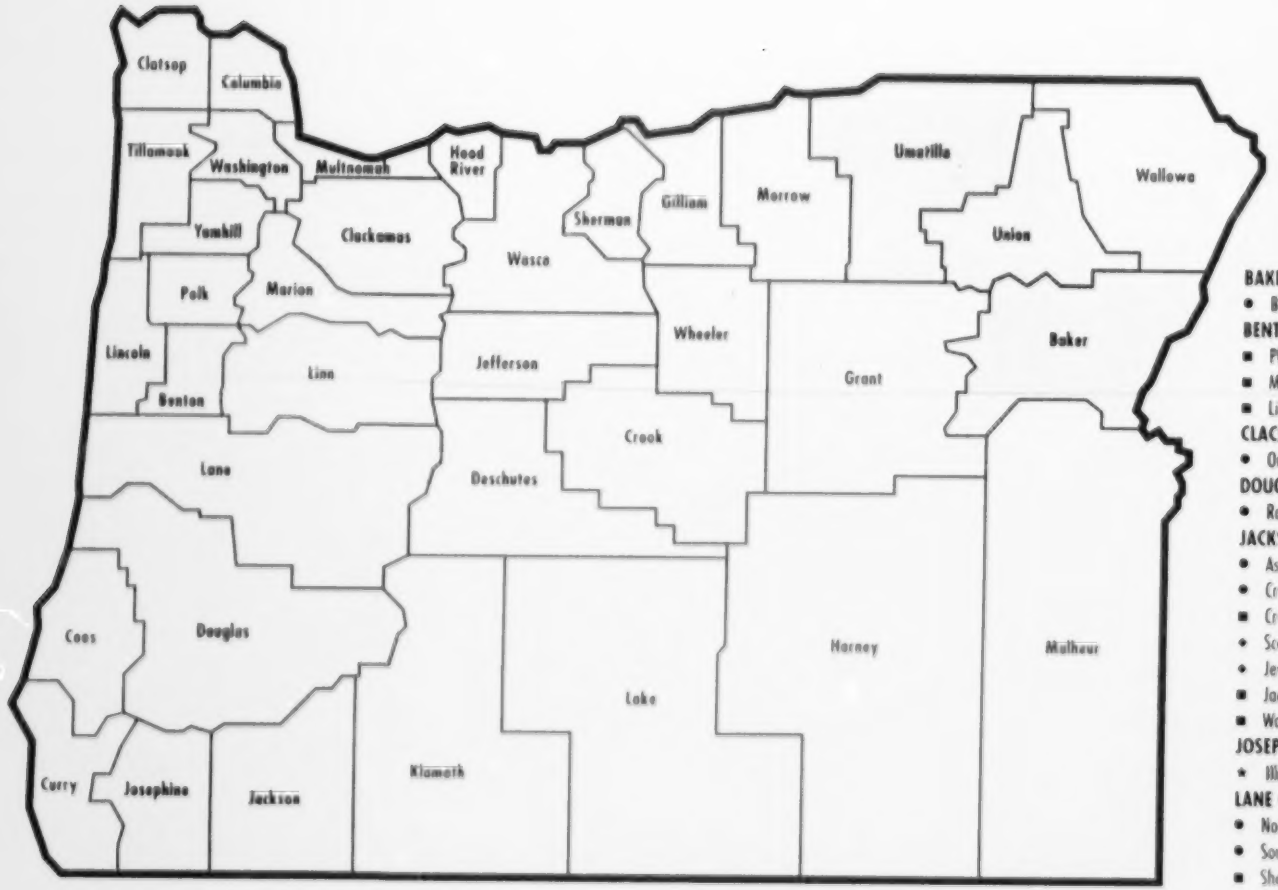
8. Oregon Health Division. HIV/STD Program, 1998.

Resources

1. Oregon School-Based Health Center Fact Sheets, 1 pg. each, No. 1-6, 1997
2. Healthy Schools-Healthy Children: The Challenges We Face, Video, 25 and 14 minute versions, 1996.
3. Oregon Making the Grade: Partnership for School-Based Health Centers, 24 pages, 1995.
4. Oregon School-Based Health Centers, 1992-94 Services Report
   Oregon School-Based Health Centers, 1994-95 Services Report
   Oregon School-Based Health Centers, 1995-96 Services Report
5. Multnomah County School Based Health Centers, 1994-95 Services Report
   Multnomah County School Based Health Centers, 1995-96 Services Report
   Multnomah County School Based Health Centers, 1995-96 Services Report

Oregon School-Based Health Centers 1998



PRIMARY SOURCE FUNDING

- State Funded
- Oregon Making The Grade Demonstration Sites
- Federal Block Grant
- Multnomah County Funded
- Other Funding

BAKER COUNTY
- Baker H.S.

BENTON COUNTY
- Philomath E.S.
- Monroe E.S.
- Lincoln E.S.

CLACKAMAS COUNTY
- Oregon City H.S.

DOUGLAS COUNTY
- Roseburg H.S.

JACKSON COUNTY
- Ashland H.S.
- Crater H.S.
- Crossroads H.S.
- Scenic M.S.
- Jewett E.S.
- Jackson E.S.
- Washington E.S.

JOSEPHINE COUNTY
- Illinois Valley H.S.

LANE COUNTY
- North Eugene H.S.
- South Eugene H.S.
- Sheldon H.S.
- Winston Churchill H.S.
- Willamette H.S.

MULTNOMAH COUNTY
- Marshall H.S.
- Cleveland H.S.
- Parkrose H.S.
- Madison H.S.
- Roosevelt H.S.
- Jefferson H.S.
- Grant H.S.
- Portsmouth M.S.
- George M.S.
- Lane M.S.
- Whitaker M.S.
- Lincoln Park E.S.

UMATILLA COUNTY
- Pendleton H.S.
- Sunridge M.S.

UNION COUNTY
- La Grande H.S.
- Health Network for Rural Elementary Schools

WASHINGTON COUNTY
- Merlo Station H.S.

34

Oregon School-Based Health Centers 1998

Baker County
- Baker High

Benton County
- Lincoln Elementry
- Monroe Elementary
- Philomath Elementary

Clackamas County
- Oregon City High

Douglas County
- Roseburg High

Jackson County
- Ashland High
- Crater High
- Crossroads High
- Jewett Elementary
- Scenic Middle
- Jackson Elementary
- Washington Elementary

Josephine County
- Illinois Valley High

Lane County
- North Eugene High
- South Eugene High
- Sheldon High
- Winston Churchill High
- Willamette High

Lincoln County
- Taft High
- Toledo High

Multnomah County
- Cleveland High
- Grant High
- Jefferson High
- Madison High
- Marshall High

Multnomah County
- Parkrose High
- Roosevelt High
- Portsmouth Middle
- George Middle
- Lane Middle
- Whitaker Middle
- Lincoln Park Elementary

Umatilla County
- Pendleton High
- Sunridge Middle

Union County
- LaGrande High
- Health Network (4 ES)

Washington County
- Merlo Station High

Yamhill County
- Willamina High

I am glad a survey like this is used because it gives us a chance to tell the truth and not be afraid. I think a health center would be great for my school.*

Over the past several decades, there has been a dramatic shift in the causes of morbidity and mortality in adolescents. Fewer adolescents succumb to "natural causes" and more suffer the consequences of the "new morbidities" – preventable health conditions with predominantly behavioral, environmental, and social etiologies.**

The dramatic changes currently under way in the health care system create a unique and fertile opportunity to redesign a system that will enable the health care community to better serve adolescents and improve the health status of this vulnerable population.**

The one thing at this school that is very commendable is the student health center. It is very helpful and should most definitely be continued. The two nurses employed there are excellent both at their jobs and at student relations.*

I think the health center is good for teens. You're not judged by the things you do, but they do try to show you the right direction. I think all schools should have an opportunity to have the people we have in our health center; they help a lot!*

I think our school's health center is very good. The staff members are very nice and helpful; for example, they let me borrow crutches when I dislocated my knee at school. They sent me to see a nurse practitioner when I had a cold that turned out to be bronchitis, and the nurse practitioner has also seen me for my kidney problems...*

A renewed interest in health promotion and disease prevention, the growth of managed care, and the dissemination of authoritative guidelines for adolescent preventive services create an unparalleled opportunity to advocate for systemwide changes in support of preventive care for adolescents.**

There are a number of obstacles to the widespread deployment of adolescent preventive services. Foremost, a paradigm shift is required for providers and consumers alike, from a reactive acute-care orientation to a proactive view of health promotion and disease prevention.**

Oregon School-Based Health Centers

* Oregon Youth Risk Behavior Survey, 1997 – **Society for Adolescent Medicine, 1997

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OREGON HEALTH DIVISION
DEPARTMENT OF HUMAN RESOURCES
Center for Child & Family Health
Child & Adolescent Health Section
800 NE Oregon Street – Suite 825
Portland, Oregon 97232